

**INITIAL STATEMENT OF REASONS**  
**FOR**  
**PROPOSED BUILDING STANDARDS**  
**OF THE**  
**OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT**  
  
**REGARDING THE CALIFORNIA MECHANICAL CODE,**  
**CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 4**  
  
**ADOPTION OF THE 2006 UNIFORM MECHANICAL CODE**

The Administrative Procedure Act (APA) requires that an Initial Statement of Reasons be available to the public upon request when rulemaking action is being undertaken. The following information required by the APA pertains to this particular rulemaking action:

**STATEMENT OF SPECIFIC PURPOSE AND RATIONALE:**

**OVERVIEW**

The Office of Statewide Health Planning and Development (OSHPD) is mandated to adopt the most recent edition of model code, as amended by the Office, pursuant to Health and Safety Code Section 18928. This proposed rulemaking represents the Office's proposal to adopt the 2006 Uniform Mechanical Code (UMC) published by International Association of Plumbing and Mechanical Officials (IAPMO) and carry forward existing California amendments of the 2001 California Mechanical Code (CMC). It was also necessary to propose a few editorial and minor technical modifications to the existing requirements for clarification and consistency within the code as identified below:

**California Chapter 1, Section 110.2, OSHPD 2:**

The Office of Statewide Health Planning and Development promulgates and enforces regulations for hospitals and skilled nursing facilities (SNFs) in California. Historically, the California Building Code has included different requirements for hospital-based skilled nursing units than it has for freestanding SNFs on a hospital license and for separately licensed SNFs.

Section 72103, Title 22, CCR, defines "skilled nursing facility" as "a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis." This definition makes no distinction between skilled nursing services that are provided as a distinct part unit in an acute care hospital, as a distinct part in a freestanding building on the hospital license, or a freestanding separately licensed SNF. Therefore, the regulations that apply to skilled nursing services should be the same, regardless of the type of facility in which the services are provided.

The purpose for this change is to make the regulations for skilled nursing facilities the same, whether the facility is a freestanding separately licensed SNF, a freestanding SNF building on a hospital license, or a distinct part SNF unit in a hospital building.

**California Chapter 1, Section 110.3, OSHPD 3:**

The purpose of this modification to an existing California amendment is to clarify that OSHPD 3 licensed clinics include those clinics operating under a hospital's license.

**Appendix Chapter 1, General**

The purpose of this amendment is to reference California Chapter 1, Section 101.7 for conflicts between codes.

**Section 313.2 – Services / Systems and Utilities:**

The purpose of this modification is to provide the correct reference to a renumbered Section of the California Building Code.

**Section 315.0 – Air Conditioning and Heating Systems:**

The purpose of this modification to clarify the conditions under which similar rooms may have humidity control with zone humidifiers.

**Section 316 – Essential Mechanical Provisions:**

The purpose of this amendment is to provide emergency electrical power for surgical clinics. This provision is currently being enforced pursuant to California Electrical Code (CEC) Section 517-34. Including the requirement in the CMC will provide clarification and consistency with the CEC.

**Editorial Note 1:** Negative Pressure Isolation Room is renamed to Airborne Infection Isolation Room and Positive Pressure Isolation Room is renamed to Protective Environment Room throughout Chapter 4. The purpose of this modification is to coordinate with the California Building Code.

**Section 401.0 – General:**

The purpose of this modification is to clarify that OSHPD ventilation requirements located in Sections 404.0 through 418.0.

**Sections 402.0 and 403.0 – Ventilation Air and General Requirements:**

These sections are not adopted by OSHPD because more specific health facility requirements are contained in OSHPD Sections 407 through 418.

**Section 405.4 – Evaporative Cooling for Health Care Facilities:**

Due to renumbering of Chapter 4, OSHPD amendment regarding evaporative coolers is relocated from Section 403.0 to Section 405.4. Minor editorial change was made for clarity.

**Section 406.0 – Reserved:**

This Section is reserved for future use. This modification allows OSHPD to keep the current numbering for sections in Chapter 4.

**Section 407.1.1 – General:**

See Editorial Note 1. Also, return air system was added to clarify that all ventilation systems, not just supply and exhaust, must operate continuously.

**407.2.2 – Exhaust Outlets:**

See Editorial Note 1.

**407.3.2 – Air Balance:**

See Editorial Note 1.

**Section 407.4.1.1 – Air Circulation:**

Cesarean Operating Room is added to this section for coordination with the California Building Code and the AIA Guidelines for Design and Construction of Hospital and Health Care Facilities. Also, see Editorial Note 1.

**Section 407.4.1.3 Exception 1 – Air Circulation:**

Section 407.4.1.3, exception 1, currently permits air from corridors to serve toilet rooms up to 30 square feet in area. However, Title 24 accessibility requirements do not permit a toilet room of 30 square feet. Since virtually all toilet rooms entered from corridors must be accessible to persons with disabilities, this exception provides no benefit for these rooms. Therefore, OSHPD is revising the exceptions to allow air from corridors to serve toilet rooms up to 50 square feet in area. The exception applies only to toilet rooms since there is no reason to increase the minimum size of the other small room types identified in Section 407.4.1.3, Exception No. 1. The ventilation requirements for the toilet rooms will remain the same. A sentence stating that corridors shall not convey air if the corridor is required to be of fire resistive construction was added to be consistent with a similar requirement in CMC Section 602.1. Also, housekeeping room is added for coordination with the California Building Code.

**Section 407.4.1.3 Exception 2 – Air Circulation**

The modification shown to Section 407.4.1.3, Exception 2 is an errata item from the 2002 annual code cycle that was not published.

**Section 407.5.1 – Variable Air Volume:**

The purpose of the modifications is to clarify the requirements for VAV systems and to eliminate redundancy. Also, See Editorial Note 1.

**Section 408.1 – Filters:**

ASHRAE Standard 52.2 - 1999 offers a new method for rating the efficiency of air filters - Minimum Efficiency Reporting Value (MERV). The purpose of this modification is to adopt this new rating method and continue to allow the ASHRAE 52.1 – 1992 currently in code. This change is consistent with Nationally Recognized Standards such as ASHRAE and AIA Guidelines for Design and Construction of Hospital and Healthcare Facilities. Tables 4-B and 4-C are also modified.

**Section 408.1.5 and Exception – Filters:**

The purpose of this modification to clarify that dry-steam type humidifiers may be installed in the supply air duct downstream of the “final” filter bank instead of filter bank No. 2. Currently, hospitals are required to have one, two, or three filter banks depending on the room. The modification clarifies that regardless how many filter banks are in the ventilation system, the dry-steam humidifiers must be located downstream of final filter bank in the supply air duct. An editorial change was also made to correct a typographic error, changing the word “and” to “or.”

**Section 408.2.2 – Filters for Hospitals:**

See Section 408.1.

**Section 408.2.4 – Filters for Hospitals:**

The purpose of these modifications is to adopt the requirements of the latest edition of the AIA Guidelines for Design and Construction of Hospital and Healthcare Facilities regarding noncentral recirculating air systems. The modification clarifies the requirements and states specifically when these types of systems are allowed.

**Section 408.3.3 – Filters for Skilled Nursing Facilities, Intermediate Care Facilities and Correctional Treatment Centers:**

See Section 408.2.4.

**Section 408.3.4 – Filters for Skilled Nursing Facilities, Intermediate Care Facilities and Correctional Treatment Centers:**

See Editorial Note 1.

**Sections 410.1 and 410.4 – Laboratories:**

See Section 408.1.

**Section 411.1 – Kitchen and Dining Areas:**

See Section 408.1

**Sections 414.0 and 414.1 – Airborne Infection Isolation Rooms:**

See Editorial Note 1.

**Section 414.1.2 – Airborne Infection Isolation Rooms:**

See Section 408.1

**Section 414.2 – Airborne Infection Isolation Rooms:**

See Editorial Note 1.

**Sections 415.0 and 415.1 – Protective Environment Rooms**

See Editorial Note 1.

**Sections 416.0 and 416.1 – Alarms**

See Editorial Note 1.

**Section 417.0 – Testing**

See Editorial Note 1.

**Section 418.0 – Design Requirements for Ethylene Oxide (ETO) Sterilization Area:**

The purpose of these modifications is to relocate ETO requirements from the 2001 California Building Code to the California Mechanical Code for better coordination with the amendments that currently exist in the California Mechanical Code.

**Table 4-A – Pressure Relationship and Ventilation Requirements for General Acute Care Hospitals, Skilled Nursing Facilities, Intermediate Care Facilities, Correctional Treatment Centers, Outpatient Facilities and Licensed Clinics.**

The purpose of modifying Table 4-A is to coordinate with the proposed changes to the California Building Code. New rooms are added and coordinated with the California Building Code. The pressure relationship and ventilation requirements are adopted from the latest edition of the AIA Guidelines for Design and Construction of Hospital and Healthcare Facilities.

**Table 4-B - Filter Efficiencies for Central Ventilation and Air- Conditioning Systems in General Acute Care Hospitals, Acute Psychiatric Hospitals, Outpatient Facilities and Licensed Clinics:**

See Section 408.1.

**Table 4-C - Filter Efficiencies for Central Ventilation and Air- Conditioning Systems in Skilled Nursing Facilities and Intermediate Care Facilities and Correctional Treatment Centers:**

See Section 408.1.

**Section 504.1 – Makeup and Exhaust–Air Ducts:**

The purpose of this modification is to eliminate back-draft dampers in exhaust fans that are required to operate continuously. The intent of back-draft dampers is to eliminate potential air flow and associated energy losses during periods that the exhaust fan is turned off. Since most fans in health care facilities must operate continuously, eliminating the dampers will lower initial, operating, and maintenance costs and will eliminate sources of noise.

**Section 602.1 Exception – Material:**

This requirement is addressed in Section 407.4.1.3. Therefore, Exceptions 1 and 2 are eliminated. Also, modification is added to not allow concealed building spaces or independent construction within buildings to be used as ducts or plenums. This modification is consistent with the enforcement of a related requirement in Section 407.4.1.4, stating that no space above a ceiling may be utilized as an outside air, supply air, exhaust air, or return air plenum.

**Section 605.1 and 605.2 – Insulation of Ducts:**

See Editorial Note 1 and Section 408.1. In addition, surgical clinics are added to the section. Thermal acoustical lining in operating rooms in surgical clinics should follow the same requirements as operating rooms in hospitals. Also, additional sensitive rooms are added for coordination with the AIA Guidelines. proposed amendments to the California Building Code and the AIA Guidelines.

**Section 607.1.1 – Ventilated Ceilings:**

The purpose of this modification is to indicate that the enforcement of the requirement applies to licensed clinics (OSHDP 3). This change is consistent with the enforcement of a related requirement in Section 407.4.1.4.

**Section 707.2.1 – Combustion Air:**

This amendment is no longer necessary because the requirement is now included in the 2006 UMC.

**Sections 902.0 and 907.1 – General and Prohibited Installations:**

The following two amendments of the 2001 CMC are carried forward and relocated: Section 904.8 regarding prohibited locations for warm air furnaces and Section 912.0 regarding vented decorative appliances. Because of new and revised model code language and formatting these two amendments are relocated to 902.0 and 907.1 respectively.

**Table 11-1 Refrigerant Groups, Properties and Allowable Quantities**

The purpose of these modifications is to renumber the existing 2001 CMC, Table 11-1, Footnote No. 14 to No. 13 to accommodate the reduced number of footnotes in the 2006 UMC Table 11-1.

**TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENTS:**

There are no documents to identify.

**CONSIDERATION OF REASONABLE ALTERNATIVES**

No reasonable alternatives exist.

**REASONABLE ALTERNATIVES THE AGENCY HAS IDENTIFIED THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.**

No adverse impact on small business.

**FACTS, EVIDENCE, DOCUMENTS, TESTIMONY, OR OTHER EVIDENCE OF NO SIGNIFICANT ADVERSE IMPACT ON BUSINESS.**

No adverse impact on business.

**DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS**

Not applicable.